TEACHER RECOMMENDATION REQUEST FORM

Student: _____ Teacher: _____

Please submit to each teacher, with a copy for the College Office, by October 1 or at least two full weeks BEFORE the application deadline

1. You must give the RCDS teacher recommendation with your signature to each teacher from whom you are requesting a recommendation for **any school that does not use the common application**. Put your name on the College Teacher Recommendation forms and any other requisite information, sign them and give one copy to each teacher and a SECOND to the College Office. Ask the teacher to return the completed form to the College Office.
2. Fill out the teacher recommendation form request noting the deadlines for each college and the date on which you intend to send in your application.

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Signature: _____ **Date**: _____